24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CounterPAC	C C00566778	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Art Not War	Date of Public Distribution/Dissemination	
	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 93 1st Place #4	Amount	
City State Zip Code	5000.00	
Brooklyn NY 11231	Transaction ID : SE.4143 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type 004	09 10 2014	
Name of Federal Candidate Support	Office Sought: X House District: 06	
Michael Coffman Oppose	President Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Art Not War	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 93 1st Place #4	Amount	
City State Zip Code	5000.00	
Brooklyn NY 11231	Transaction ID : SE.4144 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type 004	09 / 16 / 2014	
Name of Federal Candidate Support	Office Sought: X House District: 06	
Michael Coffman Oppose	President Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 10000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Zack Booth Simpson [Electronically Filed] Date	9 09 18 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CounterPAC	C C00566778
	G coossine
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Groundswell Public Strategies	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 E Grand Ave.,	Amount
Suite 380	
City State Zip Code Des Moines IA 50309	100000.00 Transaction ID : SE.4145
200	Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type 004	09 12 7 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Michael Coffman Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Groundswell Public Strategies	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 E Grand Ave.,	Amount
Suite 380	Amount
City State Zip Code	11550.00
Des Moines IA 50309	Transaction ID : SE.4146 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type 004	09 15 / 2014
Name of Federal Candidate Support Offic	e Sought:
Michael Coffman Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disb 2014	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	111550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	121550.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	09 18 2014
Signature	